

2016 Monster Mash Dash Kids Run Registration Form Saturday, October 22, 2016 – 3pm

Smithland Road Soccer Complex \$10 includes T-shirt if registered by October 7. Ages 12 & Under Ages 7-12 = 1 mile run Ages 6 & under = 100 yard dash

Kids are encouraged to wear costumes while running!

There will be a costume contest with prizes.

Please fill out the form and return it to: 305 South Dogwood Drive Harrisonburg VA. 22801.

Child's Name			
Last	First		Youth Shirt Size
Date of Birth	Age (as of 10/22/16) _	Male	Female
Address			
City			
Parent/Guardian Name (Please pr	int)		
Contact Phone	Em	ail	
Emergency Contact	Pho	ne	

Waiver & Liability Release Form on back



2016 Monster Mash Dash Kids Run Waiver and Liability Release Form

Participant's release of liability please read before signing.

I hereby, grant permission for the above named child to participate in the City of Harrisonburg, Department of Parks and Recreation's, Monster Mash Dash Kids Run Waiver; and I/we agree as follows:

PARENT INFORMED CONSENT AND RELEASE: I understand that this kids run is a potentially hazardous activity and understand that there are risks and dangers inherent to running races. With full knowledge, comprehension, and understanding of these dangers, I voluntarily accept and assume all risks involved in this event for the above named child, and agree that I/the above named child will wear all appropriate safety equipment and that I/the above named child will use only equipment that is appropriate for my size and skill level. While particular equipment, and higher levels of skill may reduce the risk of accident/injury; the risk still does exist.

I certify that I/the above named child, to the best of my knowledge, is in proper physical condition for this activity, have no physical, mental, or emotional condition which might be aggravated by this activity, which might in any way inconvenience or endanger staff or other participants, or which might impair my ability/the above child's ability to participate in this kids run.

In case of emergency, I authorize the Harrisonburg Parks and Recreation Department personnel to administer first aid treatment, to secure the services of a physician, to transport me/the above named child to an emergency facility for treatment, all at my expense, and to try to notify me or my contact person.

I will obey all rules of conduct, regulation and directives the Harrisonburg Parks and Recreation Department, its employees, and all program volunteers or staff, as well as other persons connected with the Harrisonburg Parks and Recreation Department and this facility, from all claims relating to personal injury or property damage that I/the above named child may sustain by reason of my/our use of this facility and its equipment or my/our violation of any rules and regulations of this facility.

No medical insurance or insurance coverage of any kind is provided by the City of Harrisonburg. The City of Harrisonburg strongly recommends that each participant have some type of accident medical insurance for his/her protection. I agree to pay any and all attorney's fees and costs incurred by the Harrisonburg Parks and Recreation Department arising from any claim made or action brought against the City of Harrisonburg, it's independent contractors and their representatives, employees or volunteers, if any action or any claim is initiated arising out of any matter covered by this release. This agreement shall be effective and binding upon heirs, agents, personal representatives and assigns.

•	ent to him/her participating in the do I also grant permission for photogra	have read, understand, and agree to esignated program. I have signed this document aphy that includes my child to be used in media
Parent/Guardian's Signature	Printed Name	Date

